

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001189

1. Entity Name
2630 KINGSBRIDGE MORTGAGE HOLDINGS LTD.



FILED
SECRETARY OF STATE/
DIVISION OF CORPORATIONS

03 FEB 17 PM 4:15

W 2/19

Principal Place of Business
1773 WILTSHIRE VILLAGE DRIVE
WELLINGTON FL 33414

Mailing Address
1773 WILTSHIRE VILLAGE DRIVE
WELLINGTON FL 33414



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0763825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,220,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,220,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M97000000289
NAME KINGSBRIDGE MORTGAGE SERVICING LLC
STREET ADDRESS 1773 WILTSHIRE VILLAGE DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

000012593400
02/17/03--01051--003 **535.00

CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report is true and accurate and that my signature shall have the same legal effect the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statute

Michael Sherry February 11, 2002 (914) 793-1793 X22

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #